

**California Assistive Technology Exchange (CATE)
AT Device Loan Return Slip**

For CATE Use Only

☐ Data Needed
☐ Data Complete
☐ NISAT Data Entered

Transaction #: _____
(To Be Completed by CBO Staff Only)

CBO Identification
(To Be Completed by CBO Staff Only)

<input type="checkbox"/> ATEC	<input type="checkbox"/> CCATC	<input type="checkbox"/> KATC	<input type="checkbox"/> UCP	Staff: _____
<input type="checkbox"/> CALIF	<input type="checkbox"/> FREED	<input type="checkbox"/> SVILC	<input type="checkbox"/> RS	First Name Last Name
<input type="checkbox"/> CART	<input type="checkbox"/> HRC	<input type="checkbox"/> TCILC	<input type="checkbox"/> CRIL	<input type="checkbox"/> ILSNC

Consumer Information

Return Date: ____/____/____
MM DD YYYY

Last Name: _____ First Name: _____ Middle Initial: _____

Organization (if applicable): _____

Returned From Which Address

Consumer Address Information: (Check Only One Box)

☐ Home Address ☐ Work Address

Street Address: _____
Street Number Street Name Apt #/Suite #

City: _____ State: _____ Zip Code: _____

County: _____ Home/Work/Cell Phone: _____ Pager/Fax: _____
(Circle One) xxx-xxx-xxxx (Circle One) xxx-xxx-xxxx

Email: _____

AT Device Returned

#	Item Name	Inventory #	# Of Items
1			
2			

Returning To CBO

<input type="checkbox"/> ATEC	<input type="checkbox"/> CCATC	<input type="checkbox"/> KATC	<input type="checkbox"/> UCP	<input type="checkbox"/> ILSNC
<input type="checkbox"/> CALIF	<input type="checkbox"/> FREED	<input type="checkbox"/> SVILC	<input type="checkbox"/> RS	
<input type="checkbox"/> CART	<input type="checkbox"/> HRC	<input type="checkbox"/> TCILC	<input type="checkbox"/> CRIL	

CBO Address: (Place Sticker Address Label Here)